## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FLORIDA DEMOCRATIC ACTION PAC	
	C C00787499
Check if 24-hour report 48-hour report New report Amends report filed	I on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
The Baseline Agency	M M / D D / Y Y Y Y
Mailing Address 1835 7th St NW	10 21 2021 Amount
#203	Alloun
City State Zip Code	49212.80
Washington DC 20001	Transaction ID : SE.4104 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail Production and Postage  Category/ Type  004	10 18 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought:
HARDY, OMARI, , , Oppose Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought  Disb 2021	ursement For: Primary General  ✓ Other (specify) ► Special-Primary
Full Name of Payee	Date of Public Distribution/Dissemination
AA 35 A A A	
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	49212.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	49212.80
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Haggard, Lora, , ,  [Electronically Filed] Date	10 20 2021
Signature	